PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032
U.S. Patient and Trademy Coffice, U.S. Department of the Proposed for a collection of information under it discharge update any proposed for a collection of information under it discharge update.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/799,117			ing Date 12/2004	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
$\vdash$	FOR		(Column 1) NUMBER FILED		NUMBER EXTRA		RATE (\$)		OK	_		
Н	BASIC FEE	- N		.ED NO				FEE (\$)		RATE (\$)	FEE (\$)	
Ľ	(37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A		ı	N/A		
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A		N/A		ı	N/A		
	(37 CFR 1.16(o), (p),		N/A		N/A		N/A		ı	N/A		
TO (37	CFR 1.16(i))		minus 20 =				x \$ =		OR	x s =		
	EPENDENT CLAIM CFR 1.16(h))	S	minus 3 = *				x \$ =			x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pap 50 (\$125 ional 50 :	gs exceed 100 n size fee due for each n thereof. See CFR 1.16(s).								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(j))												
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL			TOTAL		
APPLICATION AS AMENDED – PART II         OTHER THA           (Column 1)         (Column 2)         (Column 3)         SMALL ENTITY         OR         SMALL ENTITY												
AMENDMENT	06/28/2010	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.18())	• 17	Minus	<del></del> 20	= 0		x \$ =		OR	X \$52=	0	
	Independent (37 CFR 1.16(h))	• 2	Minus	<b></b> 3	= 0	1	x \$ =		OR	X \$220=	0	
	Application Size Fee (37 CFR 1.16(s))											
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))					l			OR			
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16(1))		Minus			1	x \$ =		OR	x s =		
M	Independent (37 CFR 1.16(h))	•	Minus	***		]	x \$ =		OR	x \$ =		
ä	Application Size Fee (37 CFR 1.16(s))											
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					Ì			OR			
Г						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
If the entry in column 1 is less than the entry in column 2, write 0" in column 3. I Legal Instrument Examiner:  "If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter" 20".  "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "2".  When the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "2".  When the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "2".  When the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "2".  When the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "2".  When the "All Paid Paid For IN THIS SPACE is less than 100 the "2".  When the "All Paid For IN THIS SPACE is less than 20, enter "2".  When the "All Paid For IN THIS SPACE is less than 20, enter "2".  When the "All Paid For IN THIS SPACE is less than 20, enter "2".  When the "All Paid For IN THIS SPACE is less than 3, enter "3".  When the "All Paid For IN THIS SPACE is less than 3, enter "3".  When the "All Paid For IN THIS SPACE is less than 3, enter "3".  When the "All Paid For IN THIS SPACE is less than 3, enter "3".  When the "All Paid For IN THIS SPACE is less than 3, enter "3".  When the "All Paid For IN THIS SPACE is less than 3, enter "3".  When the "All Paid For IN THIS SPACE is less than 3, enter "3".  When the "All Paid For IN THIS SPACE is less than 3, enter "3".  When the "All Paid For IN THIS SPACE is less than 3, enter "3".  When the "All Paid For IN THIS SPACE is less than 3, enter "3".  When the "All Paid For IN THIS SPACE is less than 3, enter "3".  When the "All Paid For IN THIS SPACE is less than 3, enter "3".  When the "All Paid For IN THIS SPACE is less than 3, enter "3".  When the "All Paid For IN THIS SPACE is less than 3, enter "3".  When the "All Paid For IN THIS SPACE is less than 3, enter "3".  When the "All Paid For IN THIS SPACE is less than 3, enter "3".  When the "All Paid For IN THIS SPACE is less than 3, enter "3".  When the "All Paid For IN THIS SPACE is												

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a bearful by the public which his lost figured by the USFTO to monoceal an implication. Confidentially is governed by 80 Sec. 22 and 37 CEF 1.15. This collection is estimated in the 92 annuates to complete, another implication, preparing, and submitting the completed application form to the USFTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for reducing this burdon, should be sent to the CEM information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS